

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10287

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... one month
 Hospital, institution, or street address where death occurred:
Steward's Nursing Home
 How long in hospital or institution?..... one month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Ind. County..... Queen Anna
 City or town..... Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

F. Winifred Anderson

3. (b) Social Security Number

4. Sex..... Fem. 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... March 25, 1860 6.(c) If alive, give age..... years
 8. AGE: Years..... 88 Months..... 7 Days..... 1 If less than one day..... hrs. min.
 9. Birthplace..... Centerville Ga. Ind.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....
 12. Name..... Charles H. Anderson
 13. Birthplace..... Delaware
 14. Maiden name..... Mary Eliza Jones
 15. Birthplace..... Bonny Hook Delaware

16. Informant..... Miss Evelyn Clash
 Address..... Church Hill Ind.
 17. Burial Date thereof..... Oct. 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Chesterfield
 Location..... Centerville, Md.
 18. Funeral director..... Edgar Lane
 Address..... Church Hill, Md.
 19. Oct 28 19 48 L. M. Phipps
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 26 19 48 at 10:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 27 19 48 to Oct. 26 19 48
 and that I last saw her alive on Oct. 26 19 48

Immediate cause of death.....
Systolic Hypertension
Coronary Artery Disease
Chronic Glomerulonephritis
 Due to.....
 Due to.....
 Other conditions.....
Diabetes Mellitus
 (Include pregnancy within 8 months of death)

DURATION

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Charles H. Jones
 M. D. or other
 Address..... Greensboro, Md. Date signed..... 10/27/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. [illegible]
[illegible]

From [illegible]

March 22, 1960

22
[illegible]
[illegible]

RECEIVED
NOV 2 1948
BUREAU A. S.

Charles W. [illegible]
[illegible]
[illegible]
[illegible]
[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6.6

10288

193

1. PLACE OF DEATH:

County CarolineCity or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sadie Cherry Crouse

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 4, 18878. AGE: Years 61 Months 2 Days 19 It less than one day hrs. min.9. Birthplace Ridgely, Caroline, Maryland
(Town, county, and state)10. Usual occupation Millinery & housewife11. Industry or business Retail Store12. Name Joseph Cherry13. Birthplace Pennsylvania14. Maiden name Jane Douglas15. Birthplace Pennsylvania16. Informant Mrs. Bernard PiggallAddress Ridgely, Maryland17. Burial Date thereof Oct 23, 1948
(Burial, cremation, or removal. Which? (month) (day) (year))Cemetery or crematory GreenboroLocation Greenboro, Maryland18. Funeral director J. V. MooreAddress Penton, Md.19. 10/23 19 48 Mary E. Laird
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 19 48 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 to Oct. 20 19 48

and that I last saw him alive on 19

Immediate cause of death Electrocutio

(Accidental)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. HovenshuthAddress Greenboro, Md. Date signed 10-21-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 26 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10289

62

1. PLACE OF DEATH:

County Cass
City or town West Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Cass
City or town West Denton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

William Edge

3. (b) Social Security Number

4. Sex m 5. Color or race W. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife L.

7. Birth date of deceased (mo., day, yr.) May 21st 1884 6. (c) If alive, give age _____ years

8. AGE: Years 64 Months 4 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Greensboro, Ind.
(Town, county, and state)

10. Usual occupation Fish Dealer

11. Industry or business _____

12. Name Levin Edge

13. Birthplace Maryland

14. Maiden name Rhoda Sipple

15. Birthplace Weldsboro

16. Informant Mrs. Robie Flowers

Address Harrington's Def.

17. Burial Date thereof 10/5/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Greensboro, Ind.

Location Greensboro, Ind.

18. Funeral director J. Vicgil Moore & Son

Address West Denton, Ind.

19. 10/4 19 48 Wm O. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 19 48 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw h. _____ alive on _____ 19 _____

Immediate cause of death _____

Due to Hemorrhage - Gun shot wound of Chest

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 10/2/48

Where did injury occur? Denton Cass Ind
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of Injury Gun shot wound Injured at work? _____

23. SIGNATURE Dawson George

Address Denton

Date signed 10/4/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *61*

1. PLACE OF DEATH:

County *Carroll*City or town *Frederick*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *14 days*

Hospital, institution, or street address where death occurred:

Stewart's Home for the Aged

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Frederick*City or town *East New Market*
(If outside city or town limits, write RURAL and give nearest town)Street No. *Secretary - 3 mi.*
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John James Fish

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Ellie Fish*

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *Oct. 4, 1867*8. AGE: Years *81* Months *—* Days *—* If less than one day hrs. *—* min. *—*9. Birthplace *Milton, England*
(Town, county, and state)10. Usual occupation *None*

11. Industry or business

12. Name *Edward Fish*13. Birthplace *England*14. Maiden name *Mary*15. Birthplace *England*16. Informant *Mrs. Alice Fish*Address *Secretary, Md.*17. *Burial* Date thereof *10/11/48*
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory *East New Market*Location *East New Market, Md.*18. Funeral director *W. S. Furlong*Address *East New Market, Md.*19. *Oct 4* 19 *48* *L. McPizzini*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *October 4* 19 *48* at *10:10 A.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Sept. 22* 19 *48* to *Oct. 4* 19 *48*and that I last saw him alive on *October 2* 19 *48*Immediate cause of death *Carcinoma of Lung*

DURATION

()

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Charles H. Hirschfeld*

M.D. or other

Address *Greenbush, Md.* Date signed *10/4/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10291

Reg. Dist. No. 63

1. PLACE OF DEATH:

County... Caroline
 City or town... Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
44 Pleasant Road
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 44 Pleasant Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Charles F. Friend

3. (b) Social Security Number

None

4. Sex... Male 5. Color or race... Colored 6.(a) Single, married, widowed, or divorced... Widowed
 6.(b) Name of husband or wife... Fannie F. Friend
 7. Birth date of deceased (mo., day, yr.)... April 17, 1960 6.(c) If alive, give age... years
 8. AGE: Years... 88 Months... 6 Days... 6 It less than one day... hrs. min.

9. Birthplace... Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation... Retired Farmer
 11. Industry or business... Farm
 12. Name... Elijah Friend
 13. Birthplace... Caroline County, Maryland
 14. Maiden name... Eliza Phillips
 15. Birthplace... Caroline County, Maryland

16. Informant... Gertrude Flippin
 Address... 535 N. Carrollton Ave. Baltimore, Md.
 17. Burial Date thereof... October 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... 44 Pleasant Road
 Location... Preston, Maryland
 18. Funeral director... J. J. Thompson & Son
 Address... Federalburg, Maryland
 19. October 26, 1948 C. D. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

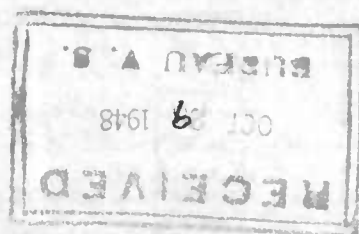
20. DATE OF DEATH... October 23, 1948 at 2:30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7, 1947 to October 23, 1948
 and that I last saw him alive on October 23, 1948
 Immediate cause of death... Uremia

Due to... Arteriosclerotic Cardio renal diseases
 Due to...
 Other conditions... Hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations...
 Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... July B. Plummer M. D. or other
Preston Maryland
 Address... Date signed... 10/26/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10292

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County CarolineCity or town Denton and Rf.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex m5. Color or race W.6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Deaf7. Birth date of deceased (mo., day, yr.) Aug. 27 18936. (c) If alive, give age 48 years

8. AGE:

Years 75Months 0Days 12

If less than one day

hrs. 0min. 09. Birthplace Pa
(Town, county, and state)10. Usual occupation Farm

11. Industry or business

FATHER

12. Name No information

13. Birthplace

MOTHER

14. Maiden name No information

15. Birthplace

16. Informant Mrs. Paul FiskeAddress Denton and Rf.17. Burial

(Burial, cremation, or removal, which?)

Date thereof 10-8-1948

(month) (day) (year)

Cemetery or crematory Blairsville CemeteryLocation Blairsville18. Funeral director J. Virgil Moore & SonAddress Denton and Rf.19. 10/6

(Data rec'd by registrar)

19 48Wm D O George

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton and Rf.
(If outside city or town limits, write RURAL and give nearest town)Street No. 0

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 19 48, at 11:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1219 43, to Oct 4 19 48and that I last saw him alive on Oct 4 19 48

Immediate cause of death

Bronchogenic Carcinoma

DURATION

7 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J Paul Smith

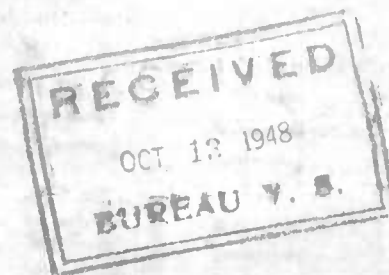
M. D. or other

Address Denton and Rf. Date signed 10/6/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

10293

93d

1. PLACE OF DEATH:

County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 Yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Sarah Rebecca Hickman

3. (b) Social Security Number

219-07-1191

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Herman
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1891
6. (c) If alive, give age 70 years
8. AGE: Years 57 Months 1 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Felton Delaware
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business X

MOTHER FATHER
12. Name John Van Sant
13. Birthplace Delaware
14. Maiden name Margaret Wyatt
15. Birthplace Delaware

16. Informant Mrs. Myrtle Taylor
Address Greensboro, Maryland.

17. Burial Date thereof 10/ 26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greensboro
Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings
Address Greensboro, Maryland.

19. Oct 26 19 48 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 19 48 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 19 48 to Oct. 23 19 48
and that I last saw her alive on Oct. 23 19 48.

Immediate cause of death Chronic Myocarditis
Due to General Atherosclerosis
Due to C. trypsin.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

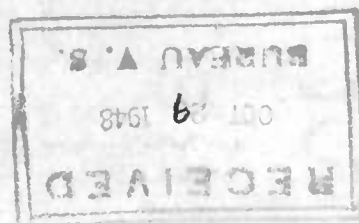
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____
Address Greensboro, Md. Date signed 10-25-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83d

10294

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 72 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ X

3. (a) FULL NAME

Rebecca R. Hurd

3. (b) Social Security Number

None

4. Sex F. 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife William 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) October 11 1875
 8. AGE: Years 72 Months 11 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business X
 12. Name John Darlin
 13. Birthplace Maryland
 14. Maiden name No Record
 15. Birthplace No Record

16. Informant Mrs. Mary Howard
 Address Greensboro, Maryland.
 17. Burial Date thereof 10/6/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greensboro
 Location Greensboro, Maryland.
 18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.
 19. Oct 6 19 48 L. M. Pignatelli
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1948 at 5A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2, 1948 to Oct 3, 1948
 and that I last saw him alive on October 2, 1948

Immediate cause of death Cerebral & general arteriosclerosis
 DURATION _____

Due to _____
 Due to _____

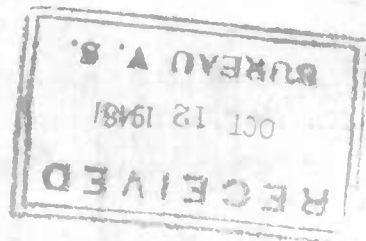
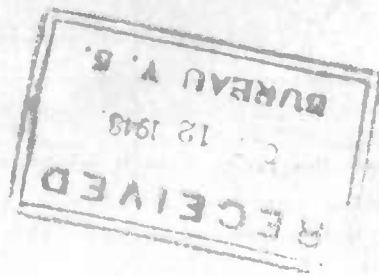
Other conditions Residual Hemiplegia
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Clark & Howard
 Address Greensboro Md. Date signed 10/3/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10295

60

I. PLACE OF DEATH:

County Caroline
City or town Goldsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Goldsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

Walter Harman Kinnamon

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Mary

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1872

8. AGE: Year Months Days If less than one day
76 8 11 hrs. min.

9. Birthplace Greensboro, Caroline, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business X

12. Name Charles Kinnamon

13. Birthplace Maryland

14. Maiden name Sallie Wyatt

15. Birthplace Maryland

16. Informant Linwood Kinnamon

Address Goldsboro, Maryland.

17. Burial Date thereof 10/31/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetary or crematory Greensboro

Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland.

19. Oct. 28 48 A.C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 19 48 at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 19 48 to Oct 27 19 48

and that last saw him alive on Oct 27 19 48

Immediate cause of death

Coronary Sclerosis

Due to Coronary Sclerosis

Cardiovascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles Kinnamon Raymond B. Rawlings

M. D. or other 28

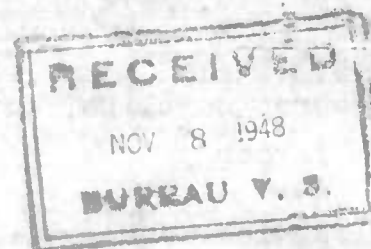
Address Greensboro, Md Date signed 10/28/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10296

Reg. Diat. No. 41

1. PLACE OF DEATH:

County CarolineCity or town Greenboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

F

5. Color or race

Wh.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William J. Cooper

7. Birth date of

deceased (mo., day, yr.)

May 11th 1867

8. AGE:

81

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Delaware
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER

12. Name

Samuel Cooper

13. Birthplace

Delaware

14. Maiden name

Annie Goslin

15. Birthplace

Del.

16. Informant

Address

Mrs. John Conway
Cambridge Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 10-15-48
(month) (day) (year)

Cemetery or crematory

Greenboro Cemetery

Location

1. Greenboro Md.
J. Virgil Mason & Son

18. Funeral director

Address

1. Greenboro Md.

19.

(Date rec'd by registrar)

Oct 14 1948
L. M. Pippin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 12 1948 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

DURATION

Cardio Vascular Remission2 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

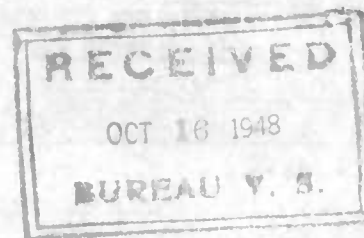
M. D. or other

Address

Denton

Date signed

10/13/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

10297

1. PLACE OF DEATH:

County... Caroline
 City or town... near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 5 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Ind County... Caroline
 City or town... near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

MYRA R. MORRISON

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Charles Morrison

7. Birth date of deceased (mo., day, yr.)

Sept 18, 1895

6. (c) If alive, give age

60 years

8. AGE:

Years 53

Months 1

Days 7

If less than one day

hrs. min.

9. Birthplace

Denton, Caroline, Ind.
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

MOTHER FATHER

12. Name

Harry R. Kinsdel

13. Birthplace

Maryland

14. Maiden name

Loris Shewley

15. Birthplace

Maryland

16. Informant

Charles Morrison

Address

Denton, Maryland

17.

Cremation
(Burial, cremation, or removal. Which?)

Date thereof

Oct 29, 1948
(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Ind.

18. Funeral director

J. V. Moore

Address

Denton, Ind.

19.

Oct 29, 1948
(Date rec'd by registrar)A. MacLippin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 25, 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15, 1946 to October 25, 1948

and that I last saw her alive on October 24, 1948

Immediate cause of death Carcinoma of
uterus with metastases
to liver & lungs
osteomyelitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Sprang
 M. D. or other

Address

Denton, Ind.

Date signed

10-28-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10298

1. PLACE OF DEATH:

County Caroline
 City or town Smithson - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Smithson (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

SAMUEL RICHARD POLLARD

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced MARRIED
 6.(b) Name of husband or wife Lucy Pollard
 7. Birth date of deceased (mo., day, yr.) May 19, 1874 6.(c) If alive, give age 68 years
 8. AGE: Years 74 Months 5 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Easton, Talbot, Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace _____

14. Maiden name Henerietta Larrimore

15. Birthplace _____

16. Informant Percy Pollard

Address Preston, Md.

17. Burial Date thereof Oct. 22, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jr. Order U. A. M.

Location Preston, Md.

18. Funeral director H. M. Hollis

Address Preston, Md.

19. Oct. 22 19 48 C. W. Phommener
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1948 at 3:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1945 to Oct 19 1948
 and that I last saw him alive on Oct 19 1948

Immediate cause of death coronary thrombosis DURATION just prior

Due to Coronary Arteriosclerosis and Myocardial Infarction 3 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE St Pauli Smith MD M. D. or other _____

Address Preston Md Date signed 10/21/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

10299

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 minutes
 Hospital, institution, or street address where death occurred:
River Road (Annie's Home)
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. River Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

James Henry Ringgold, Jr.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife — 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 24, 1948

8. AGE: Years Months Days If less than one day
1 8 — hrs. — min.

9. Birthplace West Virginia
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name James H. Ringgold

13. Birthplace Baltimore, Maryland

14. Maiden name Hannah Smart

15. Birthplace West Virginia

16. Informant James H. Ringgold

Address Federalburg, Maryland, R.F.D.

17. Burial Date thereof October 4, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Federal Hill Cemetery

Location Federalburg, Maryland

18. Funeral director J. J. Frampton as for

Address Federalburg, Maryland

19. October 2, 1948 S. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1948 at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Acute Intestinal Disease DURATION

Due to Intestinal

Due to Improper nourishment

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

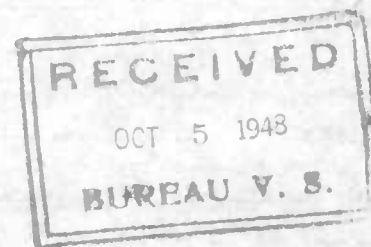
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Ringgold M. D. of the

Address Dorchester Date signed 10/4/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

10300

1. PLACE OF DEATH:

County Caroline

City or town New Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline

City or town New Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William (None) Satterfield

3. (b) Social Security Number

4. Sex M 5. Color or race Negro 6.(a) Single, married, widowed, or divorced widowed

8.(b) Name of husband or wife Rosy Satterfield

7. Birth date of deceased (mo., day, yr.) Oct 1, 1881 6.(c) If alive, give age _____ years

8. AGE: Years 67 Months - Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace New Denton
(Town, county, and state)

10. Usual occupation Labourer

11. Industry or business

FATHER 12. Name Frank Satterfield

13. Birthplace MD

MOTHER 14. Maiden name Priscilla Bayneum

15. Birthplace MD

16. Informant Mustard Dyer

Address Concord, MD

17. Burial Date thereof Oct 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls

Location Concord

18. Funeral director Virgil Moore & Son

Address Denton, MD

19. 10-27 48 8.5 weeks
(Date rec'd by registrar) (Date signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1948 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13, 1946 to Oct 24, 1948 and that I last saw him alive on October 16, 1948

Immediate cause of death Coronary artery sclerosis and fibrous arteriosclerosis

DURATION 2 yr
2 yrs

Due to _____

Other conditions Periodical asthma 2 yr
High Blood Pressure 2 yr
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Paul J. Smith MD M. D. or other _____
Address Denton, MD Date signed 10/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 28 1943
BUREAU A. B.

PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

10301

1. PLACE OF DEATH:

County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?..

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Adelaide R. Solloway

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Andrew F. Solloway6. (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.)

November 24, 1878

8. AGE:

Years 69Months 11Days 4

It less than one day

hrs.

min.

9. Birthplace

New Windsor, Carroll County, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

David Mustbaum

13. Birthplace

Frederick, Maryland

14. Maiden name

Mary Eichen

15. Birthplace

Frederick, Maryland

18. Informant

Charles G. Mustbaum

Address

Preston, Maryland, R.F.D.

19. Burial

(Burial, cremation, or removal. Which?)

Date thereof October 31, 1948
(month) (day) (year)

Cemetery or crematory

Preston Church Cemetery

Location

New Windsor, Maryland

19. Funeral director

J. J. Frampton and Son

Address

Federicksburg, Maryland19. 10/30

(Date rec'd by registrar)

19 48C. W. Plummed

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 19 48 at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 36 to October 28, 1948
 and that I last saw him alive on October 28 19 48

Immediate cause of death Acute Coronary Occlusion

DURATION 20 min

Due to Arteriosclerotic heart Disease

10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none done

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Preston, Maryland

M. D. or other

Date signed 10/30/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10302

1. PLACE OF DEATH:

County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)Now long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Andrew F. Solloway

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Adelaide P. Solloway

7. Birth date of

deceased (mo., day, yr.)

About 1866

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

About 82

hrs.

min.

9. Birthplace

Piccola, Maryland

(Town, county, and state)

10. Usual occupation

Retired Day Laborer

11. Industry or business

State Road

MOTHER FATHER

12. Name

No data

13. Birthplace

14. Maiden name

No data

15. Birthplace

16. Informant

Charles G. Husband

Address

Preston, Maryland, R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof October 31, 1948
(month) (day) (year)

Cemetery or crematory

Presbyterian Church Cemetery

Location

New Windsor, Maryland

18. Funeral director

J. J. Thompson and Son

Address

Federalsburg, Maryland

19.

10/30/48
(Date rec'd by registrar)

19

Conelia D. Plummer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1948 at 11:50 P. M.

21. I CERTIFY that death occurred on the date above signed: that I attended deceased from

October 36 1948 to October 28 1948and that I last saw him alive on October 28 1948Immediate cause of death Acute cardiacdilatation

DURATION

5 minDue to Chronic Myocarditisc Atrial fibrillation2 yrsDue to ArteriosclerosisOther conditions Cataract left eye

(Include pregnancy within 3 months of death)

Major findings of operations

none done

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Preston Maryland

MI D. or other

10/30/48
Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10303

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CyrtolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near H. Kelley's Burg
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Sadie Cecelia Steward

3. (b) Social Security Number

✓

4. Sex

F.

5. Color or race,

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

George W. Steward6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.)

July - 23 - 1892

8. AGE:

Years

Months

Days

It less than one day

5632

hrs.

min

9. Birthplace

Fallen Timber, Cambria Co., Pa.
(Town, county and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

William R. Gregg

13. Birthplace

Indiana Co., Pa.

14. Maiden name

Margaret E. Hessler

15. Birthplace

Fallen Timber, Cambria Co., Pa.

16. Informant

George W. Steward

Address

Greensboro, Md.

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Oct 29, 1948
(month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton, Maryland

18. Funeral director

(Mrs) R. H. Boyer

Address

Starrington, Delaware

19.

(Date rec'd by registrar)

Oct 27, 19481948L. M. PippinRegistrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1948 at 4:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to Oct 25, 1948and that I last saw him alive on 1948

Immediate cause of death

Acute Pulmonary Edema

Due to

Cardiac Disease

Due to

Disease of typhus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

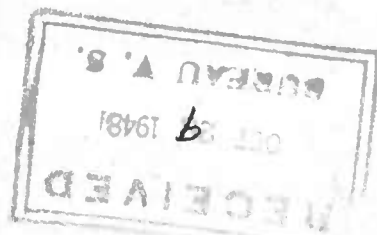
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Greensboro, Md. Date signed 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10304 62

1. PLACE OF DEATH:

County Denton
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

William Walter Sylvester

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Myra Sylvester

7. Birth date of deceased (mo., day, yr.) July 12, 1859
8. (c) If alive, give age 25 years

8. AGE: Year 89 Month 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Gallaboro, Caroline, Maryland
(Town, county, and state)

10. Usual occupation Railroading

11. Industry or business Railroad

12. Name Samuel Sylvester

13. Birthplace Gallaboro, Ind.

14. Maiden name Elizabeth (Sylvester) Reed

15. Birthplace Felton, Ind.

16. Informant Myra Sylvester

Address Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27, 1948
(month) (day) (year)

Cemetery or crematory Gallaboro

Location Gallaboro, Ind.

18. Funeral director J. V. Moore

Address Denton, Ind.
19. 10-27 48 3.5. w. elty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1948 at 3:25 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1948 to Oct 24 1948 and that I last saw him alive on Oct 24 1948

Immediate cause of death arteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul Smith MD
Address Denton, Ind. Date signed 10/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

